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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *RS* 9/10/06

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *RS* 9/10/06

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

09/26/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 20 <i>RS</i>	TOTAL CLAIMS <i>14 10</i> <i>RS</i>	INDEPENDENT CLAIMS 3 <i>RS</i>
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Richard Shaffer</i> Examiner's Signature	Initials <i>RS</i>			

## ADDRESS

000027777

## TITLE

Tissue grasper/suture passer instrument

FILING FEE RECEIVED 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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